



# Provider Focus



December 2003

A monthly update focusing on your needs.

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## New Nursing Home Coordinator

To address the unique needs of nursing home providers, such as billing for patients who are dually eligible for Medicare and Medicaid, ACS recently added the position of nursing home coordinator.

ACS selected Natasha Paynes to fill this position. Natasha began her ACS career in Member Enrollment,

where she quickly became a subject matter expert and the team lead. Her customer service focus, personal motivation, great attitude and persistence made her the obvious choice to work with providers.

To contact Natasha with questions, call 770-350-5364, or send e-mail to [natasha.paynes@acs-inc.com](mailto:natasha.paynes@acs-inc.com). ▲

## HIPAA Compliance to National Code Sets

Throughout 2003, providers were reminded that compliance with electronic transactions and code set standards mandated under HIPAA would be enforced beginning October 16, 2003. As the deadline approached, DCH recognized that its trading partners would benefit from additional time to prepare for the new standards. As a result, DCH responded in September by announcing a contingency plan.

Continue using local codes through June 30, 2004, unless otherwise instructed. DCH will phase in the remaining codes no later than July 1, 2004. Beginning in January, you will be notified when their category of service should begin using the new national code set.

You should be actively preparing for compliance, which includes testing electronic claims submission. To initiate the test process, call 800-987-6715 (ACS EDI Gateway).



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH



Georgia

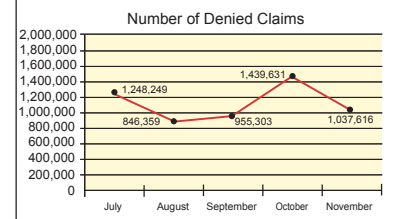
November's **Provider Focus** contained a "Medicare Crossover Pricing" article on page three. For clarification, DCH policy is that the Medicare paid amount is compared to the Medicaid **payment allowed** for the service. If Medicare's payment exceeds the **payment allowed** for the Medicaid program, a payment of zero is issued. If the **payment allowed** by the Medicaid program exceeds the payment issued by Medicare, payment will be the lesser of the deductible and co-insurance amount or the difference between Medicare's payment and Medicaid's **payment allowed**. ▲

An adjustment is a claims transaction performed either systematically or at your request to correct or update a previously paid claim. These transactions are a two-part process: a void and a payment. The void reverses the previously paid claim and shows up as a negative on the RA. The payment completely reprocesses the claim. The claim will pay or deny based on the changes you made.

remember to record the transaction control number (TCN) of the previously paid claim that you want to adjust, the rendering provider number and the member number. Include any changes you want to make to the original claim on the adjustment request form, and place the form on top of any supporting documentation. If you use the GHP Web Portal, remember that the provider ID you enter must match that of the billing provider on the original claim. Only the authenticated provider portal user who originally submitted the claim may adjust it. ▲



Month	Number of Claims Paid
July	2,184,860
August	2,280,181
September	2,753,092
October	2,857,242
November	3,167,371



Claims for medical assistance must be submitted not more than six months after the month in which the service is rendered, in accordance with Georgia law. The law permits the Commissioner, where he finds that delay in submission of claims was caused by circumstances beyond the control of the provider, to extend the period for submission of certain claims for a period not to exceed 12 months after the month in which the service was rendered.

with an appeal request to waive timeliness. Due to the magnitude of issues related to the new system implementation, the Commissioner has decided to temporarily administer this policy by setting the timeliness edits to 12 months after the month in which the service was rendered.

the policy allows waiver of the timeliness edit only when the provider is not at fault, it is not practical for the Department to differentiate between those caused by the provider or the Department and its vendors. As a result, the edits will be temporarily set as noted above until it can be reasonably expected that all parties can resolve issues and claims.

Please note, however, that this change does not apply to pharmacy claims (i.e., COS 300 and 321) and that the six month filing deadline continues to apply for these categories of service. ▲

# Claims Processing and Eligibility Attachments



Questions and comments about the status of claims eligibility processing remain the

topic of many provider phone calls to ACS. To reduce processing time, we recently designated five full-time associates to process eligibility requests. Also, the mail facility staff, who receive and image the requests, completed refresher training on recognizing and handling eligibility requests.

The steps for eligibility processing are as follows:

1. ACS receives your request as a claim attachment at our remote mail facility.
2. ACS images your proof of eligibility documentation as an attachment to your claim.
3. The system identifies claims with



eligibility attachments and suspends them.

4. Member services associates review the suspended claims with eligibility attachments and update the eligibility in the system.
5. The system releases the claims for final adjudication.

The following forms can be accepted as proof of eligibility:

- Supplemental Security Income (SSI)/Medicaid notification letter
- Temporary Medicaid Certification (form 962)
- Eligibility verification form and letter (DMA-304)
- Certification of Retroactive Medicaid Eligibility (form 964)
- Certification of Retroactive Medicaid Eligibility (computer generated)
- Certification of Supplemental Security Income (SSI) Eligibility

If you have questions about the status of your eligibility request, call ACS at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free).

## Member Updates

Do not submit updates to change a member's personal information such as a mailing address or a birth date to ACS.

For changes to personal information, contact your local DFCS office,

Social Security office or PeachCare for Kids.

The following examples are common reasons to call, fax or mail member updates:

- Provide proof of eligibility
- Change of primary care physician
- Member moves from hospital to hospice care
- Member moves out of hospice care
- Newborn added as a Medicaid member
- Medicaid notification that a member is going on dialysis
- Medicaid notification that a woman has received presumptive eligibility



ACS offers you these two ways to submit member updates:

Mail: ACS  
P.O. Box 5000  
McRae, GA 31055

Fax: 866-483-1044 ▲

## SOURCE Providers Must Include Site Authorization Number

So that ACS can file SOURCE claims effectively and you can receive payment for a claim, we need your site authorization number. Specifically, you must include the site authorization number, also known as the SOURCE Provider ID, in line 17a (I.D. number of

referring physician) of the CMS-1500 claim form. Otherwise, the claim will deny.

Why is the member referral number unnecessary? Typically, most members who are in the SOURCE

program have already received a referral number. ▲

DATE			
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			
CE	17a. I.D. NUMBER OF REFERRING PHYSICIAN		

## Inquiries Regarding Denied Claims

If you feel a claim should be reconsidered for reimbursement, please submit your request to

ACS

Attn: Medical Review Unit

P.O. Box 5000

McRae, GA 31055

To ensure proper handling, include the following items:

- A Provider Inquiry Form (DMA-520) complete with your reason for requesting reconsideration of the claim
- Medical documents from the denied dates of service
- A completed claim

Provider Inquiry Forms (DMA-520) are available online at

**www.ghp.georgia.gov**, by calling ACS at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free), or by submitting a request for forms

through the **Contact Us** feature on the Web.

Once your inquiry has been received, ACS follows this procedure:

1. ACS images and logs your request into the tracking system.
2. Written correspondence associates review and forward your request to the medical review unit.
3. The medical review unit reviews the request.
4. If the claim adjudicates, you receive notification on your RA. Otherwise, ACS sends a letter of explanation.

If you have questions about the status of a claim reconsideration request, call ACS at the number listed above. A customer service representative can tell you the status of your request. ▲

## WINASAP2003 Update

WINASAP2003 is the HIPAA-compliant version of WINASAP2000. ACS developed WINASAP2003 for Microsoft Windows.

The application allows your office to enter claims on a PC and transmit them by modem to ACS for claims adjudication and payment. This enables you to easily enter and submit batch claims to ACS without an electronic billing system or high-performance Internet connection.

The new release will be issued to a test group of providers in the first quarter of 2004. It will be available to the entire provider community in the second quarter. You can use WINASAP 2000 through June 30, 2004, but you must have converted to WINASAP2003 by July 1, 2004.

DCH and ACS will continue to update you about the progress and the release schedule. Check your banner messages for further WINASAP2003 updates. ▲

## Anesthesia Services Update

In response to your questions about billing for anesthesia services, please see the updates below to ensure that your claims are completed correctly.

### Time Billed in Minutes, Not Units

Effective October 21, 2003, all claims for anesthesia services must list the total time in minutes. Example: To bill an anesthesia time period of two hours and 35 minutes, enter "155" in field 24G on the CMS-1500 claim form.

### Claims Before October 21, 2003

Anesthesia service claims submitted with total time in minutes, using the format mentioned above, for claims submitted before October 21, 2003,

paid incorrectly. You may resubmit individual claims and adjustment requests to

ACS

P.O. Box 5000

McRae, GA 31055.

If you are a registered Web user, you can resubmit an adjustment by following these steps:

1. Log on to the GHP Web Portal (**www.ghp.georgia.gov**)
2. Click on the **Claims** tab.

3. Click the appropriate link for paid claims (void or adjust) or for denied claims (edit and resubmit).
4. Enter the TCN, the provider number, and the member ID.
5. Make the necessary changes and click **Submit**.
6. The system assigns a new TCN for future reference and immediately provides the new claim status (to be paid, to be denied or suspended) with exception codes, if any. ▲

For dates of service...	Use...
Before April 1, 2003	CPT surgical procedure code (10000 - 69999)
April 1, 2003 or later	CPT anesthesia procedure code (00100 - 01999)

# Policy Manual Revisions January 1, 2004



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

*Tim Burgess, Commissioner*

*Sonny Perdue, Governor*

2 Peachtree Street, NW  
Atlanta, GA 30303-3159  
[www.communityhealth.state.ga.us](http://www.communityhealth.state.ga.us)

Dear Provider:

The Department of Community Health, Medical Assistance Plans, has made revisions to Part I and Part II of the Policies and Procedures manuals, as well as consolidating the program billing manuals for the January through March 2004 quarter. The consolidated billing manual is now included in the Part I and PeachCare for Kids manual, with additional specific billing instructions for each program included in the individual Part II manuals.

These revisions incorporate policy and procedure changes that are effective January 1, 2004. Revisions have been noted in the left margin of the manuals with a revision date of 01/01/04. Please carefully review the entire manuals that pertain to your service area noting revision dates. Policy and procedure changes should be reviewed with appropriate members of your staff.

The new billing manual includes information common to all programs. The revised January 2004 policy manuals should be used to obtain specific billing information for each program.

The manuals, including the new billing manual, are on the Georgia Health Partnership Web site under the provider information tab. The Web site address is **[www.ghp.georgia.gov](http://www.ghp.georgia.gov)**. The Department no longer routinely mails manuals. If you do not have access to our partnership Web site, you may request a revised copy by calling (404) 298-1228 or 1-800-766-4456.

Please note that the revised manuals are loaded to the partnership Web site after the twenty-fifth of the month immediately prior to the effective date (e.g., after December 25th for January 1st effective date).

Thank you for your continued participation in the Georgia Medicaid program.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Trail".

Mark Trail, Chief  
Medical Assistance Plans



# ACS Provider Field Representatives

<b>Territory</b>	<b>Representative</b>	<b>Counties</b>
<b>Atlanta</b>		
<b>Supervisor</b>	<b>Sheila Tillman</b> 770-350-5242 sheila.tillman@acs-inc.com	
	<b>Gretser Rush</b> 770-808-8801 gretser.rush@acs-inc.com	Gwinnett, North Fulton, Rockdale, Walton
	<b>Leslie Walker</b> 404-244-8382 leslie.walker@acs-inc.com	Central, South Fulton
	<b>Rebecca Miller</b> 770-979-8430 rebecca.miller@acs-inc.com	Cobb, Douglas, Paulding
	<b>Nathaniel Ring</b> 404-848-9483 nathaniel.ring@acs-inc.com	Butts, Carroll, Clayton, Coweta, Fayette, Heard, Henry, Newton, Spalding
	<b>Roderick Alexander</b> 770-786-4758 roderick.alexander@acs-inc.com	DeKalb
<b>North Georgia</b>		
<b>Supervisor</b>	<b>Nathaniel Wienert</b> 770-350-6925 nathaniel.wienert@acs-inc.com	
<b>Athens</b>	<b>Tanja Lurry</b> 770-979-2131 tanja.lurry@acs-inc.com	Banks, Barrow, Clarke, Elbert, Franklin, Greene, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Morgan, Oconee, Oglethorpe, Rabun, Stephens, Towns, Union, White
<b>Augusta</b>	<b>Lolita Roberts</b> 706-793-6244 lolita.roberts@acs-inc.com	Burke, Candler, Columbia, Emanuel, Glascock, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Montgomery, Richmond, Screven, Taliaferro, Toombs, Treutlen, Warren, Washington, Wilkes
<b>Rome</b>	<b>Vanessa Whitley</b> 678-418-2126 vanessa.whitley@acs-inc.com	Bartow, Catoosa, Chattooga, Cherokee, Dade, Dawson, Fannin, Floyd, Forsyth, Gilmer, Gordon, Haralson, Murray, Pickens, Polk, Walker, Whitfield
<b>South Georgia</b>		
<b>Supervisor</b>	<b>Joy Signer</b> 770-673-6761 joy.signer@acs-inc.com	
<b>Columbus</b>	<b>Sherrie Jones</b> 706-565-5217 sherrie.jones@acs-inc.com	Chattahoochee, Clay, Dougherty, Harris, Lamar, Lee, Marion, Meriwether, Muscogee, Pike, Quitman, Randolph, Schley, Stewart, Talbot, Taylor, Terrell, Troup, Upson, Webster
<b>Macon</b>	<b>Sharon Chambliss</b> 229-273-7705 sharon.chambliss@acs-inc.com	Baldwin, Bibb, Bleckley, Crawford, Crisp, Dodge, Dooly, Houston, Jasper, Jones, Laurens, Macon, Monroe, Peach, Pulaski, Putnam, Sumter, Telfair, Twiggs, Wheeler, Wilcox, Wilkinson
<b>Savannah</b>	<b>Chrystal Scott</b> 678-493-6894 chrystal.scott@acs-inc.com	Appling, Brantley, Bryan, Bulloch, Camden, Charlton, Chatham, Effingham, Evans, Glynn, Liberty, Long, McIntosh, Tattnall, Wayne
<b>Valdosta</b>	<b>Cynthia Pittman</b> 229-293-7893 cynthia.pittman@acs-inc.com	Atkinson, Bacon, Baker, Ben Hill, Berrien, Brooks, Clinch, Coffee, Colquitt, Cook, Decatur, Early, Echols, Grady, Irwin, Jeff Davis, Lanier, Lowndes, Miller, Mitchell, Pierce, Seminole, Thomas, Tift, Turner, Ware, Worth

# Financial Reconciliation Reports Mailed in November

ACS completed and mailed financial reconciliation reports in mid-November.

## Have You Received Your Report?

If you have not yet received a financial reconciliation report, call ACS immediately at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free) and ask to speak to the 1099 unit. A team member from the 1099 unit will help you get your report.

If you have already received the report, complete the worksheet (included with each report) and call ACS without delay. The 1099 unit expects heavy call volume during the end December. The sooner you call, the sooner a team member with the 1099 unit can help reconcile your payment information.

You should note that any balance related to advance payments will be

included in your 1099 income amount unless you return the overpayment by December 31, 2003.

To return an advanced payment or pay off your accounts receivable balance, follow these guidelines:

- Indicate in a cover memo with all submissions that you have spoken with a particular person regarding the accounts receivable balance and who that person is.
- State your provider identification number and the reason for returning the funds. Also include anything that will help us identify the payee(s), since many providers have payee accounts A, B, C.
- Attach a copy of any information you received from us, such as a report, letter or copy of screen with the accounts receivable balance.

- Make checks payable to Department of Community Health.
- Include the payee number(s), preferably on the check itself, and note that it is a "repayment of AR-adv. pmt."
- Send a copy of the payment summary, remittance advice or verification letter detailing the monies being returned if available.
- Mail payments and documentation to

BRS – Provider Refunds  
P.O. Box 277941  
Atlanta, GA 30384-7941

If you prefer to use a courier service to send your payments, use this physical address:

Attn: Lockbox 277941  
BRS – Provider Refunds  
6000 Feldwood Road  
College Park, GA 30349 ▲

# Understanding Provider and Payee Activity Reports

ACS produces reports to help you reconcile paid claims, track suspended claims and work denied claims. Each report includes specific tools that describe the disposition of each claim. Proper use of all three reports can help you track your accounts receivable balances.

The remittance advice (RA) is a HIPAA-compliant report that lists all claims by rendering provider and status. All remark codes and adjustments are listed in HIPAA format. Use this report to follow payouts and recoveries.

The Rendering Provider Activity Report lists the claims and status for an individual rendering provider. The exception codes listed are the actual codes from the claims system, not the HIPAA-compliant codes.

This report does not include any payouts or recoveries. Use this report to:

- Edit and resubmit denied claims
- Determine which suspended claims require additional documentation

The Payee Provider Activity Report lists all claims by rendering provider and status. The exception codes are not HIPAA-compliant codes, but are the actual codes from the claims system. Use this report to:

- Edit and resubmit denied claims
- Determine which suspended claims require additional documentation
- Use this report to follow payouts and recoveries

If you need help understanding the format of these reports, contact the Customer Interaction Center or your provider field representative. To contact the Customer Interaction Center, call 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free).

To contact your provider field representative, see the **Provider Field Representative Table** on page 6 or on the GHP Web Portal. To access this document on the Web, follow these steps:

1. Go to the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).
2. Click the **Provider Information** tab.
3. In the Banner Messages box, click the **View Full List** link.
4. Click the **Update: Provider Field Representatives Table** link. ▲



## Provider Training Workshop Schedule

Two four-hour provider update workshops are held at each location: 9:00 a.m. - noon and 1:30 - 4:30 p.m. These workshops will focus on 1099 tax issues.

City	Date	Venue
Brunswick	Jan. 12	Thompson Convention Center
Cordele	Jan. 21	The Retreat at Lake Blackshear
Atlanta	Jan. 27	Marriott Century Center Hotel
Gainesville	Jan. 29	The Mountain Center

To register, please visit the registration Web site at

[www.time2reg.com/ghpconferences](http://www.time2reg.com/ghpconferences) or call toll free 877-660-2080. ▲

## Claims Processing Issues

ACS and DCH closely monitor system issues and work quickly to correct them. We apologize if these issues prevented your claims from paying correctly. Please check banner messages on the GHP Web Portal and remittance advices for updates. Below we detail some issues common to certain providers. In the future, we will continue to cover such issues for other provider groups.

### Anesthesia

- **Anesthesia cutbacks** – Incorrect cutbacks have affected some anesthesia services, possibly reducing correct reimbursements from Medicaid.
- **Exception code 7510** – Claims may inappropriately deny for exception code 7510. This affects CPT anesthesia procedure codes for anesthesia performed during delivery services (01960, 01961, 01967 and 01968).
- **Procedure code 00740** – The base units for this procedure code were incorrectly loaded as "15" units. The file was corrected on November 17, 2003, to reflect "5" base units. Claims filed using this procedure code before the file update would have overpaid. We are considering a mass adjustment for these claims.

### Dental

- **Procedure code D0120 (periodic oral evaluation)** – Incorrect cutbacks have affected this procedure code. An incorrect limitation was applied to this procedure code, possibly reducing reimbursement from Medicaid incorrectly.
- **Procedure code D0330 (panoramic film)** – Incorrect cutbacks have affected this procedure code. The system is including the panoramic radiograph procedure code (D0330) in the dental \$100 X-ray limit allowed for member each year (Exception code 7815). This procedure code is not subject to this limitation.
- **Procedure code D9420** – This procedure is denying incorrectly as a duplicate service when billed on multiple line items for the same date of service. Billing in this way is allowed for this procedure code, so we are altering the system to enable these services to process correctly.
- **Procedure code D3310 (Exception code 5026)** – This procedure code incorrectly denies services for exception code 5026 (indicating the line item tooth surface on the claim does not

match the line item tooth surface on the prior authorization record). A fix is currently being tested for this defect.

### Dialysis facility crossover

- **Exception code 4007** – Claims may incorrectly deny for exception code 4007 due to a system error regarding the pricing of drug line items. We are considering a mass adjustment for these claims.

### Vision services

- **Procedure code 92135** – This procedure code incorrectly denies when billing for an adult.

### Pathology services

- **Exception codes 4108** – Pathology claims are denying inappropriately for exception code 4108 when submitted without the Sterilization Consent Form (DMA-69). We are modifying the system to allow pathology services claims to process without submitting the DMA-69 form.

A banner message will describe the resolution of each issue. Each banner message will indicate if you need to resubmit the claim(s) or if the claims will be mass adjusted. ▲



## Duplicate Denials for Medicare Crossovers

We have been processing your Medicare crossover paper claims since April. Since September, we've been processing Part B intermediary claims. We completed processing the backlog of these claims in November and remain current on the Part B inventory.

We are now focused on processing the Part A intermediary crossovers. Processing parameters for these claims are currently being reviewed and ACS hopes to get adjudication clearance soon.

If you have already been paid for claims that you submitted on paper, the system will recognize intermediary claims as duplicates. As a result, a high number of duplicate denials may appear on your remittance advice. If you have any questions, please call the Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free), or use the **Contact Us** feature on the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)). ▲

## Making the Most of the GHP Web Portal

You can make the most of the GHP Web Portal by reviewing the tips described below.

### Tips for Using the GHP Web Portal

- **Crossover claims** – If you enter crossover claim information, be sure to select "Secondary" for the Payer Responsibility Sequence Number.
- **Denied and paid claims** – You can only edit or resubmit a denied claim. You can only void or adjust a paid claim.
- **Physician search options** – To find a health care resource for a physician without a specialty, use the search option for physicians. If the physician has a specialty, use the search option for medical services.
- **Opening attachments** – You must use Adobe Acrobat Reader 5.0 or higher to open an attachment.
- **Member eligibility status** – To check member eligibility, you must enter one of the following options:
  - a. Member ID number

- b. Member Social Security number
- c. Member last name and date of birth

### Common Web Portal Mistakes and How to Avoid Them

Simple data entry errors can delay claims processing. The following list describes four common mistakes made by Web portal users:

- **Incorrect form** – Be sure to select the correct form when entering a claim (CMS-1500, UB-92 or dental).
- **Incorrect case during log in** – You must use the correct upper and lowercase characters when entering your user name and password to log on. The Web portal sees "GeorgiaDoctor1" and "georgiadoctor1" as two completely different items.
- **Incorrect date** – Be sure to enter the correct from / to date of service on the claim.
- **Incorrect ID number** – Enter the correct member or rendering provider ID numbers for a claim. ▲

## More Information About Claim Remark and Reason Codes

HIPAA remittance advice (RA) remark and claim adjustment reason codes apply to either the claim or service line. Remittance advice remark codes explain results of claims adjudication. These codes appear on paper RAs and 835 transactions, and describe claims processing actions for the week.

For descriptions of remittance advice remark or adjustment reason codes, go to [www.wpc-edi.com/codes/Codes.asp](http://www.wpc-edi.com/codes/Codes.asp). Select your desired list type from the drop-down box.

For a description of remark and adjustment reason codes and how they map to claims exception codes, please

see the exception code mapping document on the GHP Web Portal:

1. Go to the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).
2. Click the **Provider Information** tab.
3. In the Documents and Forms box, click the **View Full List** link.
4. Click the **EOB Codes X-walks-3** link. ▲

# Reaching ACS

Type of Inquiry/ Action Needed	Method	Contact Info
Claims submission	Web Mail	<a href="http://www.ghp.georgia.gov">www.ghp.georgia.gov</a> P.O. Box 5000 McRae, GA 30155-5000
Claims attachments	Fax Mail	866-483-1044 P.O. Box 5000 McRae, GA 30155-5000
General inquiry/question (including claims questions)	Phone	404-298-1228 (metro Atlanta) 800-766-4456 (toll free)
	Web	<a href="http://www.ghp.georgia.gov">www.ghp.georgia.gov</a> Click <b>Contact Us</b>
	Fax Mail	866-483-1044 P.O. Box 5000 McRae, GA 30155-5000
Prior authorizations	Phone	404-298-1228 (metro Atlanta) 800-766-4456 (toll free)
Provider enrollment	Web	<a href="http://www.ghp.georgia.gov">www.ghp.georgia.gov</a> Click <b>Contact Us</b>
	Mail	P.O. Box 7000 McRae, GA 30155-7000
	Phone	404-298-1228 (metro Atlanta) 800-766-4456 (toll free)
EDI Gateway	Web	<a href="http://www.ghp.georgia.gov">www.ghp.georgia.gov</a> Click <b>Contact Us</b>
	Mail	P.O. Box 88030 Atlanta, GA 30356
	Phone	800-987-6715 (toll free)
Provider training course registration	Web	<a href="http://www.aes-gcro.com">www.aes-gcro.com</a> 850-386-1177
	Fax	850-386-1177
	Mail	2324 Killearn Center Blvd. Tallahassee, FL 32309
Refund/benefit recovery	Phone Web Mail	877-660-2080 (toll free) <a href="http://www.time2reg.com/ghpconferences">www.time2reg.com/ghpconferences</a> BRS – Provider Refunds P.O. Box 277941 Atlanta, GA 30384-7941 To send by courier, use this physical address: Attn: Lockbox 277941 BRS – Provider Refunds 6000 Feldwood Road College Park, GA 30349

ACS  
P.O. Box 9000  
McRae, GA 31055